



STATE OF ALASKA

Department of Health & Social Services

Division of Public Health

Section of Community Health and Emergency Medical Services

Bioterrorism Competencies for EMS Providersⁱ

1. Describe the integrated role of EMS in response to a range of incidents.
2. Describe the chain of command in emergency response.
3. Locate and demonstrate familiarity with the agency emergency response plan.
4. Describe his/her functional role(s) in emergency response and demonstrate his/her role in regular drills.
5. Demonstrate correct use of all communication equipment used for emergency communication (phone, email, fax, radio, etc.).
6. Describe communication roles(s) in emergency response.
7. Identify limits to personal and service knowledge/skills/authority and identify key system resources for referring matters that exceed these limits.
8. Recognize unusual events that might indicate an emergency and describe appropriate action (e.g. communicate clearly within the chain of command.)
9. Institute appropriate steps to limit transmission of infectious diseases/contamination from chemicals.
10. Report suspected cases or events to the appropriate authorities.
11. Identify and use reliable information sources for planning and for emergency event responses.
12. Participate in post-event critiques of responses with local public health system and take needed steps to improve future responses.

Bioterrorism Competencies for EMS Providers – Competencies Matrix

Competency	EMS Administrators	EMS Officers	EMS Educators*	EMS Responders
1. Describe the integrated role of EMS in response to a range of incidents.	3	2	2	1
2. Describe the chain of command in emergency response.	3	3	1	2
3. Locate and demonstrate familiarity with the agency emergency response plan.	3	3	1	2
4. Describe his/her functional role(s) in emergency response and demonstrate his/her role in regular drills.	3	3	3	3
5. Demonstrate correct use of all communication equipment used for emergency communication (phone, email, fax, radio, etc.).	2	3	1	2
6. Describe communication roles(s) in emergency response.	3	3	1	2
7. Identify limits to personal and service knowledge/skills/authority and identify key system resources for referring matters that exceed these limits.	3	3	2	2
8. Recognize unusual events that might indicate an emergency and describe appropriate action (e.g. communicate clearly within the chain of command).	1	3	3	2
9. Institute appropriate steps to limit transmission of infectious disease/contamination from chemicals.	1	3	3	3
10. Report suspected cases or events to the appropriate authorities.	2	3	2	2
11. Identify and use reliable information sources for planning and for emergency event responses.	3	2	3	1
12. Participate in post-event critiques of responses with local public health system and take needed steps to improve future responses.	2	2	2	2

Knowledge (1)

Application (2)

Problem-Solving (3)

* Educator is used to mean a person who is not affiliated with a particular department or EMS agency. If members of the organization, EMS educators should be at the level of their departmental role (e.g., responder, officer, administrator)

This section of the Bioterrorism Competencies for EMS Providers was developed by the State of Alaska EMS Training Committee to assist EMS agencies and training organizations in developing internal training programs for biological and chemical agent response for EMS providers, as well as categorizing the bioterrorism and chemical agent preparedness components of other training programs.

1. Describe the integrated role of EMS in response to a range of incidents.
 - Triage
 - Patient care (treatment)
 - Scene control
 - Patient transport
 - Early identification
 - Early notification
 - Supply appropriate personnel for the incident command system
 - Support public health activities
2. Describe the chain of command in emergency response.
 - Local chain of command
 - Incident Command System
 - Role of FEMA, Department of Defense, United States Public Health Service, FBI, State Department, Homeland Security, State Division of Public Health, local law enforcement, local fire service, etc.
3. Locate and demonstrate familiarity with the agency emergency response plan.
 - EMS organizations need to have a written Emergency Response Plan for their agency
 - EMS organizations should have copy of, and be familiar with, the State Emergency Response Plan
 - EMS organizations need to be aware of the other plans in the area/region that assigns responsibility(ies) to EMS service (e.g., DOT, school district, hospital/clinic, airport, law enforcement, etc.)
 - Members need to know where the plan(s) are located and how to use them
 - Plans needed to be read/reviewed/updated periodically
4. Describe his/her functional role(s) in emergency response and demonstrate his/her role in regular drills.
 - EMS agencies can practice roles in small agency drills/scenarios
 - Participate in local/regional/statewide training drills
 - Role may vary, according to operational needs. EMS responders should be familiar with any of the roles they may be called upon to perform

5. Demonstrate correct use of all communication equipment used for emergency communication (phone, email, fax, radio, etc.).
 - EMS providers should be able to demonstrate the use of the primary communication systems (e.g. cellular phones, radios, telephone)
 - EMS providers should be able to demonstrate how to access and use secondary/backup communication systems (e.g. satellite phones, ham radio operators, Health Alert Network, etc.)
 - Be familiar with the locations of radio frequencies and phone numbers
6. Describe communication roles(s) in emergency response:
 - Within the agency using established communication systems
 - With the media
 - With the general public
 - Personal (with family, neighbors)
7. Identify limits to personal and service knowledge/skills/authority and identify key system resources for referring matters that exceed these limits.
 - Assess the service's local assets and training programs
 - State Emergency Coordination Center (SECC)
 - Mutual aid systems between communities/within regions
 - Key state agencies (Public Health Nursing, Epidemiology, Section of Community Health and Emergency Medical Services, Labs, Homeland Security, Alaska Division of Homeland Security and Emergency Management, etc.)
 - Key federal resources (Military resources, FBI, FEMA, etc.)
8. Recognize unusual events that might indicate an emergency and describe appropriate action (e.g. communicate clearly within the chain of command.)
 - Atypical presentation of a disease (e.g. a illness with a rash – is it chicken pox, monkey pox, small pox, etc.?)
 - Unusual patterns of disease (multiple “flu-like” illnesses presenting in summer, etc.)
 - Many patients presenting at the same stage of illness (indicating a possible group exposure)
 - Unexplained hazards (spray containers that have been discarded in unusual locations, big explosions, crop dusting at night, etc.)
9. Institute appropriate steps to limit transmission/contamination, including:
 - Scene management;
 - Infection control;
 - Decontamination techniques; and
 - Use of personal protective equipment.

10. Report suspected cases or events to the appropriate authorities.
 - Receiving facility
 - State Division of Public Health – Section of Epidemiology
 - SECC
 - Law enforcement
11. Identify and use reliable information sources for planning and for emergency event responses.
 - Training classes
 - Internet resources (check carefully to ensure the source is reliable, e.g. CDC, State Division of Public Health, etc.)
 - Subject matter experts
 - Interagency planning committees
 - Journals, periodicals, publications
12. Take steps to improve future responses by participating in post-event critique(s) of responses and drills
 - Can be done after the smallest response (a single patient ambulance call) to large, multi-agency responses
 - Within the department
 - With other local participants (e.g., fire, police, public health nursing, etc.)
 - With state-wide participants
 - With federal participants

ⁱ These competencies are based on the Centers for Disease Control and Prevention “Bioterrorism & Emergency Readiness: Competencies for All Public Health Workers” Developed by the Columbia University School of Nursing, Center for Health Policy. November, 2002.